

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we **must** have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ATHLETIC DEPARTMENT FOR REDUCTION IN ACTIVITY PARTICIPATION FEE.**

 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **EXTRA CURRICULAR PARTICIPATION FEES (Sharps, Drama Club, etc.)**

 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **COLLEGE BOARD TESTING (including PSAT, SAT & ADVANCED PLACEMENT TESTING).**

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For questions or more information, you may call the Food Service Office at 717.530.2722 or email at cindy.steele@ship.k12.pa.us.

RETURN FORM BY: 1. Folding, taping and mailing form to Food Service Office, 317 North Morris Street, Shippensburg, PA 17257 or 2. Return form with meal application or 3. Tape form and give to school building office with return address on the outside.